

PERSONAL EXPLANATION

HON. MICHAEL G. GRIMM

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. GRIMM. Mr. Speaker, on rollcall No. 363 I was unable to vote due to a recent medical procedure. Had I been present, I would have voted "yes."

INTRODUCTORY STATEMENT FOR
H.R. _____, THE LONG TERM
CARE VETERANS CHOICE ACT

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. MILLER of Florida. Mr. Speaker, today, I am introducing H.R. _____, the Long Term Care Veterans Choice Act, to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into contracts and agreements for the transfer of veterans to non-Department medical foster homes for certain veterans who are unable to live independently.

Medical foster homes are private homes in which a trained caregiver provides twenty-four-hour, around-the-clock, care to a few individuals.

They are designed to provide a non-institutional long-term care alternative to those who prefer a smaller, more home-like and familial care setting than many traditional nursing homes are able to provide.

The Department of Veterans Affairs, VA, has been helping to place veterans in medical foster homes for over a decade.

VA, as part of the placement process, inspects and approves all medical foster homes, limits care to no more than three veterans at a time, and provides veterans living in such homes with home-based primary care services.

VA also provides safeguards to ensure veterans receive safe, high-quality care by requiring medical foster home caregivers to pass a federal background check and VA screening, agree to undergo annual training, and allow VA medical foster home coordinators and members of a VA home care team to make both announced and unannounced home visits.

Today, according to VA, over four hundred approved caregivers provide medical foster home care in their homes to over five hundred veterans daily in over thirty five states.

The problem, however, is that VA does not have the authority to pay for the cost of the medical foster home.

So, the veteran who chooses to live in a medical foster home must pay out of pocket with personal funds—regardless of whether or not such veteran is eligible for VA-paid nursing home care.

This creates a situation where many service-connected veterans with limited financial resources, who would prefer to live in a medical foster home, go to a nursing home institution instead because VA will cover the cost of

the nursing home, but not the medical foster home.

And, while traditional nursing homes will always be a vital component of long-term care, medical foster homes provide a worthy alternative for many veterans.

According to the Department, many more veterans would elect to receive care in a medical foster home should VA be granted the authority to pay for such care.

As the veteran population continues to age, the need for long-term care services will continue to grow.

I am sure we all agree that one thing we owe our veterans, particularly those who are service-connected and in need of long-term care, is the luxury of choice—the choice to decide where and how to receive the care they need.

The Long-Term Care Veterans Choice Act which would authorize VA to enter into a contract or agreement with a certified medical foster home to pay for the residential long-term care of service-connected veterans who are eligible for VA-paid nursing home care and would expand the long-term care choices offered to veterans beyond traditional services.

In addition to being beneficial for the health and well-being of veterans, the average cost of a medical foster home is approximately half the monthly cost of a nursing home, making this legislation a very cost effective health care option.

This is a commonsense, veteran-centric bill that will free many veterans from financial turmoil, and allow them to make their own decisions about what kind of long-term care they want to receive.

I strongly encourage my colleagues to join me in co-sponsoring the Long Term Care Veterans Choice Act.

H.R. 2667 AND H.R. 2668, TO AMEND
THE PATIENT PROTECTION AND
AFFORDABLE CARE ACT

HON. DEREK KILMER

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. KILMER. Mr. Speaker, as Congress considers two pieces of legislation related to the Affordable Care Act, I rise today to point out the silly exercise we're going through. On days like today, the American public gets to see exactly why Congress' approval rating is at historic lows.

Today, we're voting on two bills that would amend provisions of the Affordable Care Act. The first bill before us, H.R. 2667, would delay the so-called employer mandate provision until January 1, 2015. Given that the Administration has already said that they are delaying the employer mandate provision until that time, this bill won't actually do anything.

Mr. Speaker, the other bill we're voting on, H.R. 2668, would delay the implementation of the so-called individual mandate for one year. This bill would severely undermine the integrity of the Affordable Care Act. While I wasn't in Congress when the Affordable Care Act was passed into law, it is clear that this provision is needed to help make insurance afford-

able for all Americans and finally end the ability for insurance companies to deny coverage to those who have pre-existing conditions. By delaying the individual mandate, this bill would raise premiums on working class families and cause significant harm to our efforts to make health insurance accessible to all Americans.

I am proud of the work the State of Washington has done, through its state-based exchange and Medicaid expansion efforts, to make health insurance accessible for more than half a million uninsured Washingtonians. This will not only lead to a healthier population, but save Washington State an estimated \$280 million by the end of 2015, and add 10,000 new jobs as a result of the coming health care changes.

Before today's vote, I reached out to Washington State's Office of the Insurance Commissioner to discuss the individual insurance marketplace and the proposal to delay the individual mandate. I was assured that the marketplace is moving forward, full steam ahead. Insurance Commissioner Mike Kreidler said in a statement, "Delaying the mandate would be unwise. It's an issue of personal responsibility. It's unfair for people who can afford coverage to not have it, and to expect the rest of us to cover the cost of their care if they become seriously sick or injured."

The decision to bring both of these bills to the floor in this manner is not guided by some public policy concern. It is not to put forward credible solutions to legitimate problems. It is nothing more than a cynical attempt to play politics and mock the notion that we should implement the Affordable Care Act in a thoughtful, pragmatic way.

Mr. Speaker, I reject this false dichotomy. I support H.R. 2667, the Authority for Mandate Delay Act, not because I believe it solves an urgent problem, but for the same reason that I supported the Administration when they made this decision in the first place: the provisions have been determined to be too complex to implement prior to the existing deadline. I've met with several dozen employers in recent months who have asked for more time and greater certainty. That's what this bill does.

On the other hand, I oppose H.R. 2668, the Fairness for American Families Act, because the individual marketplace is moving forward and is in a fundamentally different place. In fact, this bill would severely undermine our ability to provide affordable, comprehensive health insurance to Americans.

[From the Washington State Office of the Insurance Commissioner Updates, July 17, 2013]

"Delaying the mandate would be unwise. This is an issue of personal responsibility. It's unfair for people who can afford coverage to not have it, and to expect the rest of us to cover the cost of their care if they become seriously sick or injured."

"A critical part of the Affordable Care Act was the provision requiring that insurers take all applicants. No more screening out people because they have pre-existing medical conditions. But to make that work, you have to have as many people as possible in the insurance pool."

"Without an individual mandate to have coverage, people would likely just buy insurance when they knew they needed it. That's like letting people get homeowners insurance only when their house catches fire."